

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 950 530 FILING DATE 9-22-76
APPLICANT(S)

CLAIMS							
	AS FILED		AFTER B 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1					
3		2		4			
4		2		7			
5			1				
6			1				
7				2			
8				2			
9				2			
10				1			
11				1			
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	1		3				
TOTAL DEP.	5		16				
TOTAL CLAIMS	6		19				